### COMO PRESENTAR UNA APLICACION DE ADJUDICACION DEL RECLAMO

Debe llenar este formulario para poder establecer un caso con la "Junta de Apelaciones de Reclamos de Compensación de Trabajadores" (Workers' Compensation Appeals Board).

Por lo general se utiliza este formulario cuando existe una disputa que no se puede resolver de manera informal.

Llene el formulario y siga las instrucciones que se encuentran al respaldo.

Por favor tenga en cuenta que no se le dará una audiencia hasta que no presente el formulario una Declaración de Prontitud a Proseguir con su caso. a la guía #07.

Los documentos que se mencionan a continuación deben ir incluídos con la aplicación ya llena por completo.

- (1) Una copia de la Petición del Empleado para Beneficios del Trabajador. (Se requiere el formulario solamente para las lesiones que tomaron lugar entre las fechas del 1<sup>ro</sup> de enero de 1990 y el 31 de diciembre de 1993. efiérase a la guía #01.
- (2) Una declaración de acuerdo con el Artículo 4906(g) del Código Laboral, vea el adjunto.

Le recomendamos que retenga un comprobante de notificación, vea el adjunto.

Envíe el formulario original a la "WCAB" y una copia del formulario a la compañía de seguros.

Retenga una copia del formulario para su propio archivo.

Si requiere ayuda, puede llamar a una de las oficinas de "Información y Asistencia". Los números de teléfono para las oficinas locales se encuentran listados al respaldo.

La información que se encuentra en esta guía es general y no tiene como fin el sustituír el consejo de un abogado. Es muy posible que cambios en la ley o los hechos referentes a su caso resulten en una interpretación de la ley distinta a la que se describe en la guía.

# WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200         (714) 738-4038         1880 North Main Street, 1st Floor Information & Assistance Unit         (408) 443-3058 Information & Assistance Unit           BAKERSFIELD, 93309         1800 30th Street, Rm.100 Information & Assistance Unit         (661) 395-2514         SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit         (909) 383-4522 Information & Assistance Unit           EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit         (707) 441-5723 Information & Assistance Unit         (619) 525-4589 Information & Assistance Unit         (619) 525-4589 Information & Assistance Unit           FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit         (559) 445-5355         SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit         (415) 703-5020 Information & Assistance Unit           GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit         (805) 968-4158         100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit         (408) 277-1292 Information & Assistance Unit           GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit         (805) 481-3296         SANTA ANA, 92701-4080 22 Cviv. Center Plaza, Ste. 451 Information & Assistance Unit         (714) 558-4597 Information & Assistance Unit         (707) 576-2452 Infor	ANAHEIM, 92801		SALINAS, 93906	
1800 30th Street, Rm. 100   (661) 395-2514   444 West Third Street, Ste. 239   (909) 383-4522   Information & Assistance Unit	1661 N. Raymond Avenue, Ste. 200	(714) 738-4038	1880 North Main Street, 1st Floor	(408) 443-3058
1800 30th Street, Rm. 100   (661) 395-2514   444 West Third Street, Ste. 239   (909) 383-4522   Information & Assistance Unit				
EUREKA, 95501-0421 Information & Assistance Unit  (707) 441-5723  SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit  FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit  (559) 445-5355  SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit  GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit  GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit  LONG BEACH, 90802-4460 300 Oceangate Street, 3" Floor Information & Assistance Unit  LONG BEACH, 90802-4460 300 Oceangate Street, 3" Floor Information & Assistance Unit  LOS ANGELES, 90013 340 West 4" Street, 6" Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1516 Clay Street, 6th Floor Informat	1800 30th Street, Rm.100	(661) 395-2514	464 West Third Street, Ste. 239	(909) 383-4522
100 "H" Street, Rm. 201	Information & Assistance Unit		Information & Assistance Unit	
Information & Assistance Unit	•			
2550 Mariposa Street, Rm. 4078 Information & Assistance Unit		(707) 441-5723		(619) 525-4589
2550 Mariposa Street, Rm. 4078 Information & Assistance Unit				
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit  (805) 968-4158 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit  GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit  LONG BEACH, 98802-4460 300 Oceangate Street, 3 <sup>rd</sup> Floor Information & Assistance Unit  LOS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 6 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup>rb</sup> Floor Information & Assistance Unit  COS ANGELES, 9013 340 West 4 <sup>rb</sup> Street, 9 <sup></sup>	2550 Mariposa Street, Rm. 4078	(559) 445-5355	455 Golden Gate Ave., 2nd Floor	(415) 703-5020
6755 Hollister Avenue Information & Assistance Unit	Information & Assistance Unit		Information & Assistance Unit	
Information & Assistance Unit    Information & Assistance Unit				
1562 Grand Avenue   (805) 481-3296   28 Civic Center Plaza, Ste. 451   (714) 558-4597   Information & Assistance Unit   (715) 576-2452   Information & Assistance Unit   (717) 576-245		(805) 968-4158		(408) 277-1292
1562 Grand Avenue   (805) 481-3296   28 Civic Center Plaza, Ste. 451   (714) 558-4597   Information & Assistance Unit   (714) 518-4197   Information & Assistance Unit   (714) 518-4197   Information & Assistance Unit   (714) 518-4197   Information & Assistance Unit   (715) 519-5197   Information & Assistance Unit   (716) 519-5197   Information & Assistance Unit   (717) 576-2452   Information & Assistance Unit   (717) 576-245				
LONG BEACH, 90802-4460 300 Oceangate Street, 3 <sup>rd</sup> Floor Information & Assistance Unit  LOS ANGELES, 90013 340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  CASSISTANCE OF STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  CAMPA NUYS, 91401-3373 1515 Clay Nuys Blvd., Rm 105 Information & Assistance Unit  CAMPA NUYS, 91401-3373 1515 Clay Assistance Unit		(805) 481-3296		(714) 558-4597
300 Oceangate Street, 3 <sup>rd</sup> Floor Information & Assistance Unit  LOS ANGELES, 90013 340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor Information & Assistance Unit  COAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  COAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  COAKLAND, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  RIVERSIDE, 92501 3737 Main Street, Ste. 300  (909) 782-4347  2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit  2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit  2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit  SANTA ROSA, 95404 50 "D" Street, Ste. 430 (707) 576-2452 Information & Assistance Unit  301 Clay Street, Ste. 430 (707) 576-2452 Information & Assistance Unit  302 Clay Street, Rm. 417 (209) 948-7980 Information & Assistance Unit  2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit  301 Clay Street, Ste. 430 (707) 576-2452 Information & Assistance Unit  302 Clay Street, Ste. 430 (707) 576-2452 Information & Assistance Unit  303 Clay Street, Ste. 430 (809) 948-7980 Information & Assistance Unit  304 Clay Street, Ste. 430 (809) 948-7980 Information & Assistance Unit  305 Clay Street, Ste. 430 (809) 948-7980 Information & Assistance Unit  307 Clay Street, Ste. 430 (805) 654-4701 Information & Assistance Unit  308 Clay Street, Ste. 430 (805) 654-4701 Information & Assistance Unit  309 Clay Street, Ste. 430 (805) 654-4701 Information & Assistance Unit  309 Clay Street, Ste. 430 (809) 978-8343 Information & Assistance Unit	Information & Assistance Unit		Information & Assistance Unit	
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340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor Information & Assistance Unit  OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  RIVERSIDE, 92501 3737 Main Street, Ste. 430 Information & Assistance Unit  STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit  VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit  VENTURA, 93003-6085 2115 Akard, Rm. 21 Information & Assistance Unit  WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 (925) 977-8343				
OAKLAND, 94612         1515 Clay Street, 6th Floor Information & Assistance Unit       (510) 622-2861       31 East Channel Street, Rm. 417 Information & Assistance Unit       (209) 948-7980         POMONA, 91766         435 W. Mission Blvd., Suite 300 Information & Assistance Unit       (909) 623-8568       6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit       (818) 901-5374         REDDING, 96001-2796         2115 Akard, Rm. 21 Information & Assistance Unit       (530) 225-2047       VENTURA, 93003-6085       (805) 654-4701         Information & Assistance Unit       WALNUT CREEK, 94598       (805) 654-4701         3737 Main Street, Ste. 300       (909) 782-4347       175 Lennon Lane, Rm. 200       (925) 977-8343	340 West 4 <sup>th</sup> Street, 9 <sup>th</sup> Floor	(213) 576-7389		(707) 576-2452
1515 Clay Street, 6th Floor Information & Assistance Unit  POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit  PEDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  REVERSIDE, 92501 31 East Channel Street, Rm. 417 Information & Assistance Unit  VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit  VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit  WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 (925) 977-8343	Information & Assistance Unit		Information & Assistance Unit	
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435 W. Mission Blvd., Suite 300 Information & Assistance Unit (909) 623-8568 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit (818) 901-5374 Nuys Blvd., Rm 105 Information & Assistance Unit (818) 901-5374 VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit (805) 654-4701 Information & Assistance Unit (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 5810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 VENTURA, 93003-6085 7810 Ralston Street, Rm. 105 (805) 654-4701 Ralston Street, Rm. 105 (805) 654				
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit  RIVERSIDE, 92501 3737 Main Street, Ste. 300  VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit  WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200  (925) 977-8343		(909) 623-8568		(818) 901-5374
2115 Akard, Rm. 21 (530) 225-2047 5810 Ralston Street, Rm. 115 (805) 654-4701 Information & Assistance Unit  RIVERSIDE, 92501 WALNUT CREEK, 94598 3737 Main Street, Ste. 300 (909) 782-4347 175 Lennon Lane, Rm. 200 (925) 977-8343	Information & Assistance Unit		Information & Assistance Unit	
Information & Assistance Unit  RIVERSIDE, 92501 3737 Main Street, Ste. 300 (909) 782-4347 WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 (925) 977-8343				
3737 Main Street, Ste. 300 (909) 782-4347 175 Lennon Lane, Rm. 200 (925) 977-8343		(530) 225-2047		(805) 654-4701
3737 Main Street, Ste. 300 (909) 782-4347 175 Lennon Lane, Rm. 200 (925) 977-8343				
Information & Assistance Unit Information & Assistance Unit	3737 Main Street, Ste. 300	(909) 782-4347	175 Lennon Lane, Rm. 200	(925) 977-8343
	Information & Assistance Unit		Information & Assistance Unit	
SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

## STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS

WORKER	S' COMPENSATION	APPEALS BOARD	deje este espacio
APPLICATION FOR ADJUDICATION (Print or Type Names and Addresses)	ON OF CLAIM	CASE No	en blanco
M SU nombre			ón completa
Social Security No.: SU NÚMERO	de social	(INJURED EMPLOYEE	S ADDRESS AND ZIP CODE)
deje este es pacio en applicant. IF other than injured	blanco EMPLOYEE)	(APPLICANT	'S ADDRESS AND ZIP CODE)
nombre de l'emple (EMPLOYER - STATE IF SELF-INS	CACOL URED).	di(ECCION (EMPLOYER'S	ACI CMOLCACIOF  SADDRESS AND EIP CODE)
	ia de seguros	di rección (Insurance Carrier or	ADJUSTING AGENCES ADDRESS)
IT IS CLAIMED THAT:			
1. The injured employee, born <u>OAC</u>	ha de <u>imiento</u> while employed as a_ EOFBIRTH)	ocupación al H	iempo del accidente
on <u>fecha del accid</u> (DATE OF INJUR	ente a dirección (	donde ocurrio	el accidente (STATE) (ZIP CODE)
By the employer sustained injury	arising out of and in the course of e	1	
partes del cu	Jerpo que se (state) Mat parts of th	E BODY WERE INJURED	
2. The injury occurred as follows: <u>(</u>	zu <u>e estaba hacien</u> O explain what employée was d	do cuando se	accidento HOW THE INJURY WAS RECEIVED)
3. Actual earnings at the time of inju	Iry were: Salacio Semano	al o mensual y h	oras que trabaja for Seman
	UE PER WEEK OR MONTH OF TIPS, MEA		CLUYENDO DODINOS GES REGULARLY RECEIVED
4. The injury caused disability as fol (SPECIF	lows: <u>techa del últi</u> YLAST DAY OFF WORK DUE TO THIS IN	MO día Que traba Tury and beginning and ending	TIO POL RAZÓN del accidente
5. Compensation was paid (YES)	_		del último pago del (DATE OF LAST PAYMENT) J Seguro
6. Unemployment Insurance of uner	nployment compensation disability		nce the date of injury
(YES) (NO)	techa	de su última	
7. Medical treatment was received		F LAST TREATMENT)	All treatment was furnished by
the employer or Insurance Compa	Other trea	tment was provided or paid by	nombre de persona o
			for any health care related to this claim
(YES) (NO)	t provided or paid for by employer		
are <u>nombre v dicecci</u> e STATE NAMES AND ADDR	ón del medico o hos resses of such doctors and names o	pital age no fue of Hospitals to which such doc	pagado por el seguro norsadmitted injured)
			sos de accidentes
de trabajo qu	LE ESTE EMPLEA (SPECIFY CASE NUMBER AND CITY WHI	<u>do tiene Son</u> Erefiled)	<u>*</u>
9. This application is filed because o	f a disagreement regarding liability	*	emnity
Permanent disability indemnity	Reimbursement for a	medical expense	Medical treatment
Compensation at proper rate		ANI	O APPLICANT REQUESTS A HEARING AND
AWARD OF THE SAME, AND FOR ALL C	THER APPROPRIATE BENEFITS PROVID	DED BY LAW.	
Dated at Ciudad (CITY)	California <u>Fech</u>	a de hoy	10
(APPLICANT'S ATTORNEY)		(APPLICANT'S SIGN	ATURE)

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

DIA WCAB FORM 1 (REV 7/81)

## STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS

### **WORKERS' COMPENSATION APPEALS BOARD**

SEE REVERSE SIDE FOR INSTRUCTIONS

(DDIAM	LICATION FOR ADJUDICATION OF CLAIM	CASE No.
(PRIN	T OR TYPE NAMES AND ADDRESSES)	
м		(INJURED EMPLOYEE'S ADDRESS AND ZIP CODE)
Social	l Security No.:	(INDUNES EMPEOTEE SASSIESS AND EIT GOSE)
00010		
	(APPLICANT, IF OTHER THAN INJURED EMPLOYEE VS.	(APPLICANT'S ADDRESS AND ZIP CODE)
	(EMPLOYERSTATE IF SELF-INSURED)	(EMPLOYER'S ADDRESS AND ZIP CODE)
(EMPLC	OYER'S INSURANCE CARRIER OR, IF SELF-INSURED, ADJUSTING AGENCY)	(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS)
IT IS (	CLAIMED THAT:	
1.	The injured employee, born, while employee, born, while employee	
	onatat	S) (CITY) (STATE) (ZIP CODE
	By the employer sustained injury arising out of and in the cou	urse of employment to
	(STATE WHAT P.	ARTS OF THE BODY WERE INJURED)
2.	The injury occurred as follows:(EXPLAIN WH.	AT EMPLOYEE WAS DOING AT THE TIME OF INJURY AND HOW INJURY WAS RECEIVED)
3.	Actual earnings at the time of injury were:	Y OR MONTHLY SALARY OR HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)
	<u>.</u>	OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)
4.	The injury caused disability as follows: (SPECIFY LAST DAY OFF WORK DUE TO TH	IS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)
5.	Compensation was paid (YES) (NO) (TOTAL PAID)	\$ (WEEKLY RATE) (DATE OF LAST PAYMENT)
6.	Unemployment insurance or unemployment compensation disa	ability benefits have been received since the date of injury
	(YES) (NO)	
7.	Medical treatment was received (YES) (NO)	(DATE OF LAST TREATMENT) All treatment was furnished by
	the Employer or Insurance Company Other	treatment was provided or paid by
	(YES) (NO)	
		Did Medi-Cal pay for any health care
	(NAME OF PERSON OR AGENCY PROVIDING OR PAYING related to this claim doctors not provided or pa	FOR MEDICAL CARE)
	related to this claim (YES) (NO) doctors not provided or pa	Did Medi-Cal pay for any health care id for by employer or insurance company who treated or examined
	related to this claim doctors not provided or pa  for this injury are (STATE NAMES AND ADDRESSES OF SUCC	FOR MEDICAL CARE)  id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)
.8.	related to this claim doctors not provided or pa	FOR MEDICAL CARE)  id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)
	related to this claim doctors not provided or pa  for this injury are (STATE NAMES AND ADDRESSES OF SUCTOR OTHER CASES have been filed for industrial injuries by this em	FOR MEDICAL CARE)  id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)  IPLOYEE AS FOLLOWS:  NUMBER AND CITY WHERE FILED)
8.	related to this claim (YES) (NO) doctors not provided or particles in jury are (STATE NAMES AND ADDRESSES OF SUCCESSES OF SUCCESSES have been filed for industrial injuries by this employed the control of the control	S FOR MEDICAL CARE)  Indication of insurance company who treated or examined the process and names of hospitals to which such doctors admitted injured)  Indication of the process and names of hospitals to which such doctors admitted injured)  Indication of the process and insurance company who treated or examined injured inj
	related to this claim (YES) (NO) doctors not provided or particles in jury are (STATE NAMES AND ADDRESSES OF SUCCESSES OF SUCCESSES have been filed for industrial injuries by this employed the control of the control	id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)  HIDDOCTORS AND CITY WHERE FILED)  G liability for: Temporary disability indemnity  ent for medical expense Medical treatment
	related to this claim (YES) (NO) doctors not provided or particles in jury are (STATE NAMES AND ADDRESSES OF SUCCESSES OF SUCCESSES have been filed for industrial injuries by this employed the control of the control	id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)  INJURED SEPTIMENT OF THE PROPERTY DESCRIPTION OF THE PROPER
9.	related to this claim doctors not provided or particle for this injury are (STATE NAMES AND ADDRESSES OF SUCION Other cases have been filed for industrial injuries by this employed in the case of a disagreement regarding permanent disability indemnity Reimbursement Compensation at proper rate Rehabilitation	id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)  INDUMBER AND CITY WHERE FILED)  G liability for: Temporary disability indemnity  ent for medical expense Medical treatment  Other (Specify)  AND APPLICANT REQUESTS A HEARING AND
9.	related to this claim doctors not provided or particle for this injury are (STATE NAMES AND ADDRESSES OF SUCION Other cases have been filed for industrial injuries by this empty case.  This application is filed because of a disagreement regarding Permanent disability indemnity Reimbursement Compensation at proper rate Rehabilitation	id for by employer or insurance company who treated or examined  H DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)  INDUBER AND CITY WHERE FILED)  G liability for: Temporary disability indemnity  ent for medical expense Medical treatment  Other (Specify)  AND APPLICANT REQUESTS A HEARING AND

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

#### **INSTRUCTIONS**

FILING AND SERVICE OF A DECLARATION OF READINESS (DIA/WCAB Form 9) IS PREREQUISITE TO THE SETTING OF A CASE FOR HEARING.

#### **Effect of Filing Application**

Filing of this application begins formal proceedings against the defendants named in your application.

#### Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Industrial Accidents.

### Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney fee will be set by the Board at the time the case is decided and is ordinarily payable out of your award.

#### Filling Out Application

All blanks in the application shall be completed. Where the information is unknown, place "unknown" in the blank. If medical treatment is paid for by Medi-Cal, Medicare, group health insurance or private carrier, please specify.

#### Service of Documents

Your attorney or agent will serve all documents in accord with Labor Code Section 5501 and Section 10500 of the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the Workers' Compensation Appeals Board on all parties. If you file any other document, you must mail or deliver a copy of the document to all parties in the case.

#### IMPORTANT!

If any applicant is under 18 years of age, it will be necessary to file Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the office of the Workers' Compensation Appeals Board.

## Proof Of Service By Mail

I declare mat:								
I am (resident of	/emp	loyed in	) the coun	ty of <u>S</u>	u condac	do Cal	lifornia.	I am
over the age of eig	ghteen	years, m	ny (busines	s/ <u>resid</u>	ence) addres	s is:		

over the age of eighteen years, my (business/residence) address is:
la dirección de su residencia
.•
On fecha de hoy, I served the attached mala conducta on the
empleador in said case, by placing a true copy thereof enclosed in a
sealed envelope with postage thereon fully paid, in the United State mail at
ciudad desde lo envió addressed as follows
nombre y dirección del empleador
I declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct, and that this declaration was executed on
(date) Fecha de hoy, at <u>ciudad</u> California.
Type or print name <u>escriba</u> Su nombre
Signature V Su FiRMa

## **DECLARATION PURSUANT TO LABOR CODE SECTION 4906(g)**

Pursuant to Labor Code Section 4906(g), I declare under penalty of perjury that I have
not violated Section 139.3 and I have not offered, delivered, received, or accepted any rebate,
refund, commission, preference, patronage dividend, discount, or other consideration,
whether in the form of money or otherwise, as compensation or inducement for any referred
examination or evaluation.
Dated:

Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

Signature